

Dog Adoption Application



Applicant Name: _____ Date: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Mailing Address (if different): _____
 Home Phone: _____ Cell: _____
 Work Phone: _____ Email: _____

Type of Residence: House Apartment Other: _____

How long have you lived at this address? _____

Do you: Rent Own Shared Accommodation

If renting or living in shared accommodation, are pets accepted by landlord/roommates? Yes No

Do you have a fenced yard? Yes No If yes, height and type of fence: _____

If not, how will you keep your dog safe at home? _____

What size is your yard? No yard Small (condo / townhouse) Medium (city lot)
 Large (acreage) Farm with animals Orchard

Where will the dog be kept? Inside Outside Both Other: _____

What type of shelter will you provide for your new pet? _____

How many hours are you away from home during the day? _____

How often do you travel? _____ Who will care for your dog while you are away? _____

Number of Adults in Household: _____ Number and Ages of Children in Household: _____

Do any family members have allergies? Yes No If yes, please explain: _____

Current Household Animals

Name	Type/Breed	Gender	Age	Spayed/Neutered	Vaccinations Current?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Information about animals you've had in the past five years that you no longer have

Type	How long did you have?	Reason you no longer have animal

If you had a dog(s) previously, were they spayed/neutered and vaccinated? Yes No

How did you hear of this animal? _____

Have you done any research on the type and breed of animal you wish to adopt? Yes No

Why do you wish to adopt this dog? Companion for self Companion for child
 Companion for other pet Working (herding, hunting, guarding, etc.)
 Other (describe): _____

Who will be responsible for the dog's care? _____

Who is your veterinarian? _____

Can you afford regular veterinary care for your dog? Yes No

How often will you vaccinate your dog? _____ How often would you license your pet? _____

Are you aware of any animal bylaws for your area? Yes No

Would you be willing to participate in obedience training with your dog? Yes No

If no, why not? _____

Are you willing to keep this dog for his/her lifetime? Yes No

If your circumstances change and you can no longer keep a dog, do you agree to return the dog to Critteraid? Yes No

Comments: _____

Please provide two references

Name	Phone	Relationship
1.		
2.		



www.critteraid.org

Box 235, 113-437 Martin Street
 Penticton, BC V2A 5L1
 Ph: 250-494-5057

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Can you help with volunteering? Yes No Fundraising Fostering Special Projects

I hereby authorize my veterinarian to release any medical records requested by Critteraid.

Signature: _____ Date: _____

Name (please print): _____

Please complete this form, sign and date it, and send to:

Critteraid
Box 235, 113-437 Martin Street
Penticton, BC V2A 5L1

Or scan and email
the completed form to:
info@critteraid.org

For Office Use	Date: _____
Animal: _____	
Tattoo#: _____	Microchip#: _____
References Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Check Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Initials: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

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